

# POWER OF ONE / FIVE UNIT RECOGNITION APPLICATION

## SOUTH DAKOTA FAMILY, CAREER AND COMMUNITY LEADERS OF AMERICA

Use this form to apply for state and national recognition when you have completed all five Power of One units. Please print or type all information. Send **two copies** of this form to VP of Individual Recognition – Kyla Ehrisman, Parkston High School, 102A S. Chapman Dr., Parkston, SD 57366. **Attach one copy of the Chapter Affiliation form to verify membership for each student.** National dues must be postmarked by **March 1** for students to qualify for national recognition.

### Participant Information

Member: \_\_\_\_\_

Adviser: \_\_\_\_\_

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School phone: \_\_\_\_\_

Current grade in school: \_\_\_\_\_

Type of FACS Program:      ☐ Comprehensive      ☐ Occupational

Unit:    A Better You

Project Title: \_\_\_\_\_ Date Approved: \_\_\_\_\_

Description and Accomplishments:

Unit:    Family Ties

Project Title: \_\_\_\_\_ Date Approved: \_\_\_\_\_

Description and Accomplishments:

Unit: Working on Working

Project Title: \_\_\_\_\_ Date Approved: \_\_\_\_\_

Description and Accomplishments:

Unit: Taking the Lead

Project Title: \_\_\_\_\_ Date Approved: \_\_\_\_\_

Description and Accomplishments:

Unit: Speak out for FCCLA

Project Title: \_\_\_\_\_ Date Approved: \_\_\_\_\_

Description and Accomplishments:

I certify the above student has met the membership requirement and has completed all five Power of One units.

Chapter Adviser Signature: \_\_\_\_\_ Date: \_\_\_\_\_

State Adviser Signature: \_\_\_\_\_ Date: \_\_\_\_\_